

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

| | | |
|---|--|---|
| 1. (a) Name of Individual, Organization or Corporation FANNY | | 2016 JUL 11 AM 10:36 RECEIVED FEC MAIL ROOM |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 213 Doncaster RD | | |
| (c) City, State and ZIP Code Arnold, Maryland 21012 | | |
| 2. Occupation and Name of Employer (for Individual Filers Only) N/A | | 3. FEC Identification Number C00609701 |

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☒ July 15 Quarterly Report

☐ 24-Hour Report

☐ October 15 Quarterly Report

☐ 48-Hour Report

☐ January 31 Year-End Report

b) Is this Report an amendment?

☒ No

☐ Yes, it amends the report filed on

5. COVERING PERIOD:

FROM

THROUGH

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Margaret Campbell

Margaret Campbell

7/2/16

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

SCHEDULE 5-A
ITEMIZED RECEIPTS

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

A. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD /

Amount of Each Receipt this Period

D. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page carry total to Line 6)

2016-07-11 PM 00:00:00

213 Doncaster RD
Arnold MD 21012

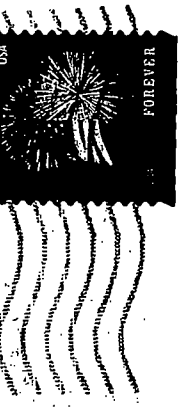
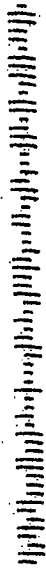
Federal Election Commission

999 E Street, NW, Washington D.C.

20463

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |

PREPARER

(3/2015)

7/11/16
DATE PREPARED

2016-07-11 09:00:00 482